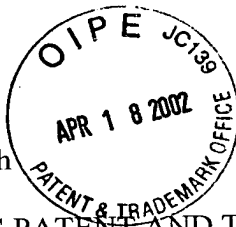


DOCKET NUMBER: 217692US3/pmh



Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:
Hisao CHIKANO

: GROUP: 2861

SERIAL NUMBER: 10/042,147

: ATTENTION:
Application Division
Customer Corrections

FILED: JANUARY 11, 2002

FOR: IMAGE FORMING APPARATUS HAVING VENTILATING DEVICE

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

The Patent Office is requested to provide a corrected Official Filing Receipt for the attached. If you have any questions, please do not hesitate to contact us.

No fees are required. However, in the event that a fee is required, please charge the appropriate amount to our Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

C. Irvin McClelland
Attorney of Record
Registration Number 21,124

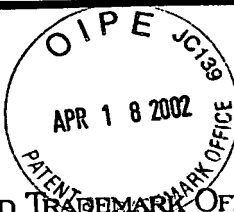
Surinder Sachar
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Tel. (703) 413-3000
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/042,147	01/11/2002	2861	870	217692US3	7	18	2

CONFIRMATION NO. 5813

UPDATED FILING RECEIPT



OC000000007751648

22850
OBLON SPIVAK MCCLELLAND MAIER & NEUSTADT PC
FOURTH FLOOR
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ARLINGTON, VA 22202

Date Mailed: 04/02/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Hisao Chikano, Kanagawa, JAPAN;

Domestic Priority data as claimed by applicant

Foreign Applications

JAPAN 2001-003980 01/11/2001
JAPAN 2001-041112 02/19/2001
JAPAN 2001-380871 12/14/2001

If Required, Foreign Filing License Granted 02/06/2002

Projected Publication Date: 07/11/2002

Non-Publication Request: No

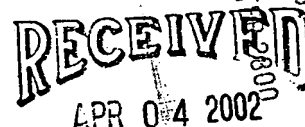
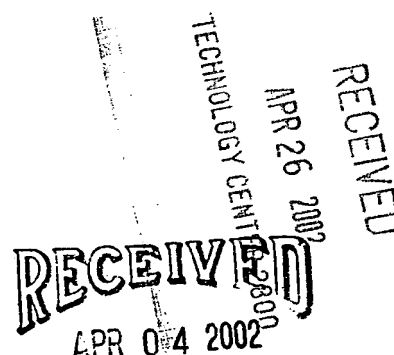
Early Publication Request: No

Title

Image forming apparatus having ventilating device

Preliminary Class

347



OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

PLEASE NOTE THAT THE TITLE IS INCORRECT. IT SHOULD READ AS FOLLOWS:

IMAGE FORMING APPARATUS HAVING VENTILATING DEVICE



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Bib Data Sheet

CONFIRMATION NO. 5813

SERIAL NUMBER 10/042,147	FILING DATE 01/11/2002 RULE	CLASS 347	GROUP ART UNIT 2861	ATTORNEY DOCKET NO. 217692US3
APPLICANTS Hisao Chikano, Kanagawa, JAPAN;				
** CONTINUING DATA ***** <i>None</i>				
** FOREIGN APPLICATIONS ***** <i>Yes</i>				
JAPAN 2001-003980 01/11/2001 JAPAN 2001-041112 02/19/2001 JAPAN 2001-380871 12/14/2001				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/06/2002				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JAPAN	SHEETS DRAWING 7	TOTAL CLAIMS 18
Verified and Acknowledged <i>Harzli Khan</i> Examiner's Signature	<i>KS</i> Initials		INDEPENDENT CLAIMS 2	
ADDRESS 22850				
TITLE Image forming apparatus having ventilating device				
FILING FEE RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	